

PreventionAlert: Compilation

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Prevention Through Mentoring

PREVENTION *Alert*

Volume 2, Number 1

October 2, 1998

Prevention Works!

***Your Time—Their Future* Campaign Targets Publications to Participants**

To encourage adult participation in young people's lives, SAMHSA/CSAP has issued a series of publications that raise public awareness about the connection between youth involvement in skill-building and positive activities and a reduction in substance abuse. These guides suggest concrete steps adults can take to get involved in neighborhoods, organizations, workplaces, and communities. Each 10- to 12-page guide is tailored to a specific phase of the *Your Time—Their Future* campaign.

The guides emphasize structured activities for youth by highlighting examples of successful programs. The publications are targeted to various audiences and designed for a culturally diverse readership; they feature people from different racial and ethnic groups. Two of the guides stress the need for culturally competent activities.

These publications encourage prospective volunteers to become active partners in children's lives, providing readers with suggestions for getting involved in prevention programs and a full range of positive, fun, and challenging activities. All the guides prominently feature the toll-free number and Web address of SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), which maintains a database of nationwide volunteer opportunities and offers a range of information resources on substance abuse prevention.

The *Your Time—Their Future* series includes the following publications:

- *Positive Activities: A Campaign for Youth* provides general audiences with an overview of the need for and benefits of the campaign. It explains how positive activities support the Nation's effort to prevent youth substance abuse and cites examples such as coaching youth sports, being a camp counselor, mentoring, storytelling—or simply doing more with one's own children or grandchildren. The guide lists additional campaign publications available to the public.

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To receive a complimentary copy, call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

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- *Get Involved in Someone's Future: A Guide to Volunteering with Young People* is designed to help prospective adult volunteers find opportunities that are right for them. It addresses questions they may have about time commitment, the effectiveness of positive activities, and conducting their search for a program that suits their time, talents, and capabilities. The guide encourages adults to consider their own interests when they volunteer and suggests ways to get involved through sports and recreation, arts and culture, the workplace, environmental improvement, faith communities, and other volunteer or mentoring programs. The guide illustrates each category with examples of programs, including Big Brothers Big Sisters of America, the Hewlett Packard E-Mail Mentoring Program, the PONY (Protect Our Nation's Youth) community baseball and softball league, the United National Indian Tribal Youth (UNITY) program for young Native Americans, New York's Hoop Brothers basketball/counseling program, the Philadelphia Church Mentoring Network, and many others.
- *Your Time—Their Future: Membership-Based Groups Provide Positive Activities.* This publication targets civic and fraternal groups, alumni associations, Chambers of Commerce, faith communities, professional groups, and other organizations. It encourages such groups to use existing resources—such as newsletters, Web sites, regular meetings, community ties, national member networks, etc.—to start or sponsor a youth services initiative. Activities might range from offering parenting skills workshops to partnering with a local school. For instance, American Legion posts are establishing Safe Kids Communities while B'nai B'rith has committed to training 5,000 volunteers for the America Reads program. The guide includes a list of contacts and how-to publications specifically designed for membership-based organizations.
- *Your Time—Their Future: Positive Activities Promote a Productive Workforce.* This guide stresses the high cost of substance abuse to employers and encourages businesses to view young people as the future productive workforce. It suggests that corporate America get involved with youth through mentoring programs, community partnerships, event sponsorship, and other means, citing examples of programs started by Hewlett Packard, Nationwide Insurance, and Electronic Data Systems. It includes a list of contacts and how-to publications appropriate for businesses.

As part of this campaign, NCADI is also offering a *Positive Activities Resource Guide*. The publication, which will be featured in a future alert, is available for potential volunteers. For more information about the campaign, visit NCADI's Web site at <http://www.health.org> or call 1-800-729-6686 (TDD: 1-800-487-4889).

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Prevention Works!

Resources Highlight Activities and Help Adults Make a Difference for Youth

Reader's Digest *Spreads the Word About Youth Activities*

The October 1998 issue of *Reader's Digest* features a special eight-page advertising section promoting SAMHSA/CSAP's *Your Time—Their Future* Campaign. Combining vivid photographs and compelling text, the supplement educates readers about the role that structured, adult-led activities can play in developing young people's self-esteem, a variety of social skills, and sense of responsibility—all of which make them more likely to make healthy choices and less likely to use drugs or alcohol. It describes the rationale behind the Campaign and urges adults to get involved in youth-oriented activities. The supplement also highlights the compelling evidence provided by a recent study of the Big Brothers Big Sisters of America program, which indicated that mentors can make a measurable difference in preventing young people's alcohol and drug use, truancy, and violence.

Adults Can Choose Resources Appropriate for Youth

Community activists, prevention professionals, and concerned adults interested in providing structured activities for young people are also likely to find helpful information in SAMHSA/CSAP's 42-page *Substance Abuse Resource Guide: Positive Youth Activities*. Supporting the aims of the *Your Time—Their Future* Campaign, the resource guide emphasizes how adults can help prevent youth substance abuse by offering them opportunities to participate in athletics, arts and crafts, camping, outdoor education, community service, mentoring programs, and other activities.

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The guide points readers to resources that both indicate the real impact of positive activities and suggest ways to implement this approach to substance abuse prevention. They include:

- **Prevention Materials:** a list of materials that can help planners duplicate successful programs, all of which feature a strong mentoring component. Each listing provides a brief description of the program, its target audience, availability, and contact information.
- **Studies, Articles, and Reports:** a body of literature including journal articles and research reports on the findings of studies that evaluate the effectiveness of positive activities, as well as videotapes and manuals that suggest how to use specific programs. Each listing includes a brief description of the resource and its availability.
- **Groups, Organizations, and Programs:** a directory of more than 50 national organizations that sponsor activities for young people.
- **National Prevention Groups:** contact information for groups devoted to substance abuse prevention, such as Al-Anon/Alateen, Alcoholics Anonymous, the Community Anti-Drug Coalitions of America, the National Association of Teen Institutes, and 15 others.

Each of these sections is designed to be wide-ranging enough to meet the requirements of a diverse audience. Adults can choose those resources that best meet the needs of the young people with whom they are working—which often vary in terms of culture and ethnicity, economic background, geographic location, physical ability, gender, and age.

The resource guide is available from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org>. SAMHSA encourages readers to photocopy the guide as needed for their purposes.

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Prevention Works!

Mentoring Can Make a Difference for Youth

Mentoring Matters

Mentors are responsible adults who provide young people with support, advice, friendship, positive reinforcement, and constructive examples. Several studies show that mentoring helps prevent youth from using drugs and alcohol. In 1995, Public/Private Ventures published the findings of a 3-year study conducted by Big Brothers Big Sisters of America—the largest mentoring organization in the world, with over 500 program sites in this country alone. Data showed that children participating in a mentoring program (ages 10 to 16 in eight cities) were 46 percent less likely to start using drugs than those who did not participate. Through its *Your Time—Their Future* Campaign, SAMHSA/CSAP is raising awareness about the importance of providing young people with activities that structure their out-of-school time and offer them skills, competence, a sense of responsibility, and optimism about the future.

Understanding Mentoring

Mentors are people who care, people who listen, and people who want to help youth realize their own strengths. Such caring adults can help children set achievable goals for the future, both by serving as a positive example and by introducing them to realistic possibilities outside the lures of peer pressure and drug use. In turn, mentors gain the satisfaction of helping children succeed, the pleasure of sharing their own interests, and the chance to teach—and learn from—the next generation.

Being a Good Mentor

A successful mentor often has the following characteristics:

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- **Patience.** A mentor should realize that developing a strong relationship with a child can take time and move through different stages. In the first few weeks or even months, the mentor and young person must learn to trust each other. After trust is established, each learns to share feelings and offer insights. Both participants are responsible for shaping the direction of their relationship and building communication channels that work for each person.
- **Long-term Commitment.** Mentoring relationships are most beneficial if meetings are regular and the pair maintains contact for a few months, a year, or, ideally, several years. A young person who has been disappointed by adults in the past particularly needs an example of an adult who is truly committed and keeps his or her word.
- **Realistic Expectations and Persistence.** Mentors must retain realistic expectations of their role. While a mentor can certainly make a difference for a young person, it is sometimes modest and not always immediate. When a mentor takes on the entire responsibility for a young person's development, frustration, disappointment, and burnout can often result.

Mentoring programs usually pair adult volunteers with young people in one-on-one settings or in teams. Potential volunteers should look for a program that best matches their interests, needs, and abilities. Individual mentoring programs, such as those coordinated by Big Brothers Big Sisters of America, expect mentors to meet with a young person at least once a week. How they choose to spend their time is up to them.

Other mentoring programs may be more structured. For instance, some workplace mentoring programs bring young people to assigned mentors' workplaces so that youth can learn about the professional world and get advice on academics, careers, and other life choices. Other workplace programs give employees "released time" to meet with young people at local schools for counseling or tutoring. Adults who prefer to work as part of a group might investigate team-mentoring programs.

Interested adults who want to get more information about mentoring or find opportunities in their area can contact SAMHSA/CSAP's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org>.

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PREVENTION *Alert*

Volume 2, Number 4

November 13, 1998

Prevention Works!

Volunteers Provide Youth With Alternatives to Alcohol and Drug Use

A 1995 study by the Carnegie Foundation found that children now spend significantly less time with adults than they did 20 years ago—and much more time unsupervised in front of the television or with other children. For some young people, this unstructured time and lack of opportunity to interact with caring adults can contribute to experimentation with drugs and alcohol. Through its *Your Time—Their Future* Campaign, SAMHSA/CSAP has partnered with Big Brothers Big Sisters of America, the Points of Light Foundation, and the National Mentoring Partnership to encourage more adults to volunteer their time with young people.

In 1995, the Gallup Survey on Volunteering for Serious Social Problems found that 46 percent of America's 90 million households had at least one adult doing some volunteer work. It also found that volunteering to help the elderly, hungry, learning disabled, or physically handicapped was more popular than volunteering on behalf of neglected and disadvantaged youth. SAMHSA/CSAP and its partners aim to educate adults about the significant difference they can make by volunteering with young people. They are also providing the resources adults need to take those first steps toward getting involved. Prevention professionals and community activists who are working to stop youth substance abuse may wish to share these resources with their communities.

Volunteerism Takes a Range of Forms

Adults can tailor their volunteer efforts to match their schedule and interests. There is a range of programs available for people who want to volunteer on a daily, weekly, or monthly basis, or even just a few times a year. While coaching a sports team may involve running practice for an hour or two every day, tutoring a student typically involves only a few hours each week. Other less structured activities, such as reading to kids at a local school or counseling them at a work-sponsored career day, may involve only a couple of hours a month.

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Many “City Cares” organizations, such as Philadelphia Cares and Hands on Baltimore, coordinate volunteer projects targeted to very busy people who want to give a few hours at a time to specific tasks. Some adults may prefer participating in a short-term service activity before making a long-term commitment.

Before researching opportunities, potential volunteers should define what skills, talents, and interests they want to use; the type of work they want to do; how much time they have; and what age group and number of children they want to help. With this information in hand, they will be better prepared to find the right match.

Getting Started

More and more, volunteer centers and service agencies are using the Internet as a tool for offering information about their work and recruiting volunteers. Those who have Internet access at home, school, or at their local library may wish to spend some time looking at these sites to get a better sense of what volunteering is all about. For example, Web sites of groups such as America’s Promise – The Alliance for Youth (<http://www.americaspromise.org>), the Coalition for America’s Children (<http://www.usakids.org>), and KidsCampaigns (<http://www.kidscampaign.org>) feature information about youth-focused organizations and initiatives nationwide.

In addition, volunteers can also contact local volunteer centers or youth service organizations. SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI) has established a national database of Big Brothers Big Sisters agencies, Points of Light Foundation volunteer centers, and National Mentoring Partnership affiliates that can help to place volunteers. By calling NCADI at 1-800-729-6686 or visiting them online at <http://www.health.org/yourtime/index.htm>, interested adults can obtain contact information for such groups in their local area. Online visitors can not only search the database, but they can also link directly to the Web sites of the three partner organizations, which feature useful advice and information about volunteering. Through NCADI, adults can also order SAMHSA/CSAP publications about volunteerism, including the brochure *Get Involved in Someone’s Future: A Guide to Volunteering with Young People*.

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PREVENTION *Alert*

Volume 2, Number 5

November 20, 1998

Prevention Works!

Volunteer Opportunities Exist Right in the Workplace

Through its *Your Time—Their Future* campaign, SAMHSA/CSAP is partnering with Big Brothers Big Sisters of America, the Points of Light Foundation, and the National Mentoring Partnership to encourage more adults to volunteer their time to work with young people. Adults wishing to volunteer need look no further than the workplace to find a broad range of opportunities.

In ever-increasing numbers, corporations and small businesses are reaching out to young people—their future workforce—through tutoring programs, school partnerships, career mentoring, and other efforts. Many corporations allow employees “released time” to participate in volunteer outreach programs, making it easy for even the busiest executive to get involved with youth in a community. Many local businesses sponsor volunteer programs that bring youth and adults together to participate in community and group activities. Such efforts benefit everyone concerned—including employers. A 1992 Points of Light Foundation survey found that most executives agree: Volunteerism increases productivity, builds teamwork skills, and improves public images.

How to Get Volunteers

Prevention professionals and community organizers should view corporations and businesses as resources for volunteers, volunteers who can engage in the kinds of positive activities that will help prevent youth substance abuse. The best way to get both large and small businesses involved is to show them existing, successful business-based volunteer programs. Fannie Mae, the nation’s largest home mortgage provider, provides one such example. Through its We Are Volunteer Employees (WAVE) program, Fannie Mae matches interested employees with volunteer opportunities, encourages employee team participation in community activities,

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and salutes volunteers through corporate awards. Fannie Mae grants 10 hours paid leave per month for volunteer work.

Other successful, business-based volunteer programs include:

- Hewlett Packard's E-mail Mentoring Program, which matches 1,500 students and 146 schoolteachers with 1,646 employees in a nationwide program to explore mentoring via the Internet.
- Nationwide Insurance's Prom-Promise Campaign, which increases awareness of the dangers of alcohol and drug abuse by offering alternative activities during prom season.
- The Goldman Sachs' Big Brothers Big Sisters of New York partnership, which matches interested Goldman Sachs employees with mentoring opportunities and provides ongoing support.

Further Information and Resources

For further information about business-based volunteerism, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Call 1-800-729-6686 (TDD: 1-800-487-4889) or visit the NCADI Web site at <http://www.health.org>. NCADI also offers a broad range of printed information about volunteering, such as the SAMHSA/CSAP pamphlet *Your Time—Their Future: Positive Activities Promote a Productive Workforce*. Further resources include the Points of Light Foundation (<http://pointsoflight.org>), the National Association of Partners in Education (<http://www.napehg.org>), and the National Mentoring Partnership (<http://www.mentoring.org>). These are just a few of the many organizations that facilitate business-based volunteerism by helping develop and maintain employee outreach programs.

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Prevention Through Parenting

PREVENTION *Alert*

Volume 2, Number 6

December 4, 1998

Prevention Works!

Give Children the Gift of Time and Attention This Holiday Season . . . and All Year

During the upcoming season of shopping and gift-giving, parents and other caregivers can remember that even the simplest gift often has an enormous impact on a child's life. That is why this holiday season presents an excellent opportunity to give children the most precious gift of all—time and attention!

That is the main point of the Ad Council's recently released *The Greatest Gifts We Can Give Our Children: A Report from the Ad Council*, which is part of a nationwide initiative focusing on improving the lives of children and families. The Ad Council is the Nation's leading producer of public service communications aimed at educating Americans about important social issues and concerns. The Ad Council's *Report* lists "eight special gifts from the heart that all children should receive," originally published in a June 1998 *Reader's Digest* article on parenting.

- **Dinner as a family event.** Make this a predictable ritual, so children have a set time of day for connecting with other family members.
- **Reading to—or with—your child.** Parents and guardians should try to read to young children every night, and continue the practice even after children can read unassisted.
- **Watching television together.** Choose programs appropriately, and use them to initiate discussions about important issues, including ethics, morals, and behavior.
- **An ear to listen to your kid's ideas.** Schedule family meetings and encourage children to find solutions to their own problems.
- **Daily loving discipline.** Children need limits; don't be afraid to say no.
- **An optimistic view of the world.** Try to be more positive than negative.

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- **Show them how to help others.** Set an example by volunteering or, better yet, volunteer with your child.
- **Lots of hugs and kisses.** Even teens can benefit from displays of affection.

The Ad Council's *Report* also features an extensive list of books on parenting, informational Web sites, and resource organizations devoted to children's health, education, development, and welfare.

National Families in Action (NFIA), the Atlanta-based organization that helped create and lead the parent drug prevention movement, offers similar advice in its list of "Twelve Tips for Helping Your Children Stay Drug-Free." NFIA's suggestions include simple lifestyle changes parents and guardians can make to improve young people's lives:

- **Educate yourself** about the problems facing today's children.
- **Give clear messages** about your expectations.
- **Be aware** that many in the community put children's buying power above children's well-being. Don't expect the community to automatically reinforce your values.
- **Do not assume** that the parents of all your children's friends have the same rules you do.
- **Believe** that children want rules to guide them.
- **Remember** that teenagers need parental supervision as much as toddlers do.

National Families in Action can be contacted at (404) 248-9676, or visit their Web site at <http://www.emory.edu/NFIA>. For more information about the Ad Council's family-focused initiatives, contact them at (212) 922-1500 or info@adcouncil.org, or visit them online at <http://www.adcouncil.org>. For a reprint of the complete *Reader's Digest* article, contact their Special Services department at 1-800-840-9020, or visit their Web site at <http://www.readersdigest.com/custserv/Magazine/BackIssu.htm>. The Substance Abuse and Mental Health Services Administration-sponsored National Clearinghouse for Alcohol and Drug Information, at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org>, also offers information on effective parenting that can help prevent youth substance abuse.

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Prevention Works!

Give Children the Gift of Time and Attention This Holiday Season . . . and All Year— Part 2

As parents, guardians, and other caregivers shop for gifts during the holiday season, they sometimes worry how they can afford everything their children want. This dilemma provides a perfect opportunity for caregivers to think of giving alternative gifts—ones that cannot be found in stores—that do not cost anything and can make all the difference in the life of a child. The love, support, and guidance children receive when adults spend time with and pay attention to them goes a long way toward setting them on the road to a productive, drug-free adulthood.

Studies show a direct link between caregivers spending time with a child and the child's positive development—becoming a competent, responsible adult who does not abuse alcohol, or use tobacco and drugs. The 1997 National Longitudinal Study of Adolescent Health, which involved over 12,000 adolescents in grades 7 through 12, demonstrated that a sense of connection with parents and families plays a significant role in protecting teens from unhealthy behaviors, including substance abuse. Last year's PRIDE survey of students in grades 9 through 12 found that teens are much less likely to even try illicit substances if their parents talk to them and set clear rules for behavior. In a 1997 Center on Addiction and Substance Abuse study, more than half of those surveyed (ages 12 through 17) reported that parents have “a great deal” or “a fair amount” of influence over whether teenagers smoke, drink, or use drugs.

Many recent magazine and newspaper articles suggest ways adults can turn their holiday gift lists into opportunities for giving the gift of time and attention to children. A sampling of such suggestions includes:

- **Just spend time with them.** If you have a few hours or days of vacation time coming at year's end—or even if you don't—set time aside for some simple activity, such as taking a walk or having a talk.

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- **Know where they are.** Where are they going for holiday parties and other activities, when will they return, and with whom will they interact? The holidays are an excellent opportunity for setting and upholding the kinds of clear limits and guidelines children get from parents, not from “pals.”
- **Oversee electronics and television.** Computers, CDs, and video games can become as much of an influence on children’s lives as television. Be aware of the kinds of holiday gifts they are receiving.
- **Give praise where praise is due.** While children should certainly be encouraged to have positive self-esteem, praise them for their real achievements. The holiday season is a good time to ask children to reflect on their praiseworthy achievements, and to set goals for the upcoming year. Ask them what *they* think they should be praised for.
- **Encourage them to help others.** In keeping with “the holiday spirit,” the season is perfect for spending time with your children *and* helping others at the same time. Are there outreach activities in your community that will enable you to spend time together while fostering in your children a spirit of giving their own time and attention as gifts to others?

Such articles acknowledge that raising responsible children in a fast-paced, consumer-oriented society can be challenging. The suggestions they provide can be expanded upon to help children fully understand the real “spirit” of the holiday season. Share this list with them; perhaps they have some suggestions of their own!

This is the second in SAMHSA’s four-part series on parenting and the holiday season. For more information about parenting, the holidays, and how they can be combined to help prevent youth substance abuse, contact the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Center for Alcohol and Drug Information at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org>.

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Prevention Works!

Ad Council Report Suggests Resources for Parenting Support

Changes in modern society have made parenting more challenging than ever. In our increasingly mobile society, for example, most people live far away from immediate family members—such as grandparents, aunts, uncles, and others—with the result that children have fewer trustworthy adults they can turn to when they seek help and advice. Rising living costs and other economic factors have caused many caregivers to work longer and harder hours. These and other changes in society have served to distance children from traditional support mechanisms, and created new and more complex challenges for parents and other caregivers.

Where can caregivers turn for parenting support? **Prevention Alert Volume 2, Number 6** highlighted the Ad Council Report, *The Greatest Gifts We Can Give Our Children* (which appeared as an insert in the June 1998 issue of *Reader's Digest*). The Ad Council Report also provided many valuable suggestions about where caregivers can turn for support, information, and other resources. Below is a partial list of some parenting resources.

Books on Parenting. Parents and other caregivers may find helpful advice in the following books by parenting experts:

The War against Parents: What We Can Do for America's Beleaguered Moms and Dads, by Sylvia Ann Hewlett, founder of the National Parenting Association, and Cornel West, professor of Afro-American Studies at Princeton University

The New Father Book: What Every Man Needs to Know to Be a Good Dad, by Wade F. Horn, president of the National Fatherhood Initiative

The Answer Is No: Saying It and Sticking to It, by Cynthia Whitham, MSW, a therapist at the UCLA Parent Training and Children's Social Skills Program

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The Preschool Years: Family Strategies That Work—From Experts and Parents, by Ellen Galinsky, president and co-founder of the Families and Work Institute

Planning: The Key to Meeting the Challenge of Parenting by Harriet Heath, Ph.D.

The Intentional Family: How to Build Family Ties in Our Modern World, by William J. Doherty, Ph.D.

Educational resources. Parents can draw on a number of resources to help their children get a head start in school. In addition to reading with their children daily, they can look into free reading programs that may be offered at local libraries and schools. Other organizations can help as well. The Education Excellence Partnership, at 1-800-38-BE-SMART or www.brtable.org, offers a range of information on academic issues, including the brochure “Strengthening Your Child’s Academic Future.” Gender Equity in Education/Women’s College Coalition, at 1-800-WCC-4GIRLS or www.academic.org, offers a handbook on supporting girls’ academic achievement. The United Negro College Fund, at 1-800-331-2244, helps fulfill the dreams of deserving students by closing the gap between the cost of college and what caregivers can afford.

Community service. By volunteering with children, or at least encouraging children to volunteer, caregivers can help foster a sense of responsibility and concern for others. For more information on connecting children and teens to appropriate volunteer programs, contact the National 4H Club at 1-888-77-YOUTH and the Points of Light Foundation at 1-800-VOLUNTEER or www.pointsoflight.org.

Parenting education programs. Parents and caregivers who want more formal training should check to see whether any local community organizations sponsor free parenting classes. They can find programs in their area by contacting the Family Resource Coalition of America at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606 or by calling 1-312-338-0900. They can get a state-by-state list of available programs, as well as 10 tips for promoting children’s healthy development, by calling the organization I Am Your Child at 1-888-447-3400 or visiting www.iamyourchild.org.

For reprints of the entire insert, contact *Reader’s Digest* Special Services at 1-800-840-9020 or visit their Web site at <http://www.readersdigest.com/custserv/MagazinInq/BackIssu.htm>. For more information about the Ad Council’s family-focused initiatives, contact them at (212)922-1500 or info@adcouncil.org, or visit them online at <http://www.adcouncil.org>. The SAMHSA-sponsored National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org> also offers information on effective parenting that can help prevent youth substance abuse.

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Prevention Works!

SAMHSA/CSAP Funds New “Parenting IS Prevention” Web Site

SAMHSA/CSAP’s Secretary’s Initiative on Youth Substance Abuse Prevention has launched a new resource tool to assist parents. It is the new “Parenting IS Prevention” Web site, where interested parents and caregivers can learn about the Parent Collaboration, a coalition of national parent and family drug-prevention groups working together to rebuild the parent drug-prevention movement. Member organizations include African-American Parents for Drug Prevention, the National Asian and Pacific American Families Against Substance Abuse, the National Association for Native American Children of Alcoholics, National Families in Action, and the National Hispano/Latino Community Prevention Coalition. Parents and caregivers may also join a Parents’ Chat Forum, an interactive discussion designed for asking questions, making comments, and sharing experiences. While the site is currently under construction, its design enables visitors to access substance abuse prevention resources targeting specific ethnic groups.

“Parenting IS Prevention” features links to the Web sites of nearly 30 organizations, all of which are involved in youth substance abuse prevention. They include the Community Anti-Drug Coalitions of America, Mothers Against Drunk Driving, the Partnership for a Drug-Free America, Stop Teenage Addiction to Tobacco, and ToughLove International. Visitors also will find out about new publications and other information available through SAMHSA’s National Clearinghouse on Alcohol and Drug Information. Parents who may be considering more formal skills training can link to “Strengthening America’s Families: Best Practices,” a database compiled by the University of Utah and the Office of Juvenile Justice and Delinquency Prevention. This link features information about skills training programs that have proven effective in strengthening families and preventing delinquency among young people. Those who are interested in more general parenting advice can link directly to other Web sites, such

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To receive a complimentary copy, call SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI) @ 1-800-729-6686, TDD 1-800-487-4889 (for the hearing impaired).

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as Parenting Q&A (www.parenting-qa.com), Parents.com (www.parents.com), Parent soup (www.parentsoup.com), and ParentsPlace.com (www.parentsplace.com).

“Parenting IS Prevention” can be found on the Web at <http://www.emory.edu/NFIA/PIPP>. It is supported under contract by Kuramoto and Associates; development and maintenance are under the collaborative direction of Emory University and National Families in Action. Funded by the Center for Substance Abuse Prevention and the White House Office of National Drug Control Policy, “Parenting IS Prevention” was created by parents, and provides links to information that can assist in raising confident, responsible children who are less likely to use alcohol, tobacco, and illicit drugs. Interested parents and caregivers who do not have Internet access may contact their local libraries, which typically offer Internet access to the public. The SAMHSA-sponsored National Clearinghouse for Alcohol and Drug Information, at 1-800-729-6686 (TDD: 1-800-487-4889) or <http://www.health.org>, also offers information—such as brochures, videos, and other resources—on effective parenting that can help prevent youth substance abuse.

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Family- and Community-Based Approaches to Prevention

Prevention Works!

Family-Based Prevention Approaches

Prevention programs that positively affect the family environment have proven successful in preventing or curtailing substance abuse among youth. Family programs aimed at developing the knowledge and skills of parents can empower them to guide their children and deal competently with problems. Strong parent-child relationships and positive family climates can serve as protective factors for youth and provide buffers for later peer influences.

Research points to the following principles for effective family management and parenting skills programs that can strengthen families:

- Parent/family interventions are most effective when designed to change risk and protective factors within the family domain.
- Providing assistance with transportation, snacks, child care, and other supportive services facilitates and encourages parent participation.
- Cultural sensitivity in program development, planning, and implementation can help ensure that the needs of the local population will be addressed in the appropriate context and that activities will be meaningful and relevant.
- Parent/family interventions are most effective when a drug education component is included to educate parents about substance abuse, related behaviors, and consequences.
- Parent/family interventions are most effective when delivered early in the family life cycle. This means targeting families with school-aged children in an effort to prevent negative behaviors and family problems.

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- Parent/family interventions are most effective when adjusted to the developmental stages of the child/youth. The skills being taught should be age-appropriate to address the intellectual and emotional development of the targeted youth population.
- Parent training programs are most effective when offered over the long term (of sufficient duration to effect changes).
- Family-based interventions must allow enough time and opportunities for the participants to practice the new skills and receive feedback. Booster sessions should be offered after completion of the training to ensure sustained effects.
- Media campaigns may be used to educate parents about appropriate parenting styles and encourage increased supervision and monitoring of adolescents.
- Programs targeting families should refer families with specific needs to appropriate services in the community. Consideration should be given to both assistance for families already experiencing problems and the relevance of systems that are in place to support those families.

Putting these principles to use in your current family-based prevention programs, or in new programs you develop, will help to create more successful and effective programs for families.

Source: *Research-Based Principles for Developing Alcohol, Tobacco, and Other Drug Prevention Programs*, Center for Prevention Research and Development for Illinois Prevention 2000.

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Prevention Works!

Community and School-Linked Prevention Approaches

Communities play an important role in the development of our youth. Through common beliefs and expectations about appropriate behavior, communities guide their members in their interactions with one another.

In healthy communities, youth are taught and shown that caring, commitment, and mutual protection are expected behaviors. Community awareness and social campaigns offer a means for changing social climates to be less tolerant of substance abuse by minors.

Research suggests that community-based awareness campaigns should:

- Illustrate the circumstances where substance abuse is especially dangerous (i.e., using drugs or drinking if you are underage, pregnant, or driving).
- Convey that everyone has the right to make a personal choice not to use illicit substances and that it is wrong to pressure anyone else to do so.
- Advise that substances should never be used to the point of intoxication or when use negatively impacts others.

Schools are an important part of every community. By using comprehensive strategies, communities and schools can form a partnership—involving parents, human service agencies, religious, nonprofit, and volunteer organizations, businesses, and local governments—to bring together a range of resources that will strengthen families and communities and promote the healthy physical, social, emotional, and cognitive development of children.

As a partner in such a collaboration, the school may serve as a base from which an integrated and streamlined system of community programs and support services are coordinated for

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centralized access. Through comprehensive strategies, schools can gain community allies and access to resources to alleviate such barriers to learning as hunger, lack of medical care, inadequate child care, poverty, teen pregnancy, violence, and other problem conditions.

Effective community and school-linked strategies should:

- Combine a range of services to respond to the needs identified by families. Program staff should know families' views on issues that affect them and work with families to achieve their goals.
- Treat families with respect and focus on making them feel welcome at all times.
- Reduce the barriers to participation by having a single point of entry to services, simplifying eligibility requirements and procedures, reducing paperwork, and communicating clearly.
- Build partnerships between parents and professionals.
- Locate at sites that are easily accessible, near affordable and reliable public transportation, safe, and comfortable to children, families, and teachers.
- Provide services at times that are convenient for children and families.
- Involve energetic individuals with the desire to effect positive change in their community.

By developing collaborative community alliances, schools are no longer isolated providers of education, but become active partners in the broader community environment. As a result, children come to school more ready and able to learn and more likely to attend and stay in school, increasing their resistance to illicit substances, violence, and other problems.

Source: Hays, Carol, *Research-Based Principles for Developing Alcohol, Tobacco, and Other Drug Prevention Programs*, Center for Prevention Research and Development for Illinois Prevention 2000.

For copies, please contact Prevention First, Inc., Library Services (800) 252-8951.

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Prevention Works!

Resilience and Youth

Many adolescents, even though living in high-risk environments, seem to possess personal resilience that helps them avoid alcohol, tobacco, and drug use. How is it that, despite their exposure to severe risk factors, these youths are able to develop social competence, overcome the odds and lead drug-free lives?

Research suggests that most children are born with innate resiliency and have an inborn capacity for self-correction, transformation, and change. Identifying the protective factors that some adolescents possess and determining how they can be instilled in all youth is a current challenge to the prevention field. Why do some, but not all, children have resilience or protective factors that help them overcome risks and adversity?

The protective factors commonly found in resilient individuals include:

- Social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor).
- Problem-solving (planning, teamwork, and critical and creative thinking).
- Autonomy (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive distancing from negative messages and conditions).
- A sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness).

For children in high-risk environments, studies suggest that they have a better chance of growing into healthy adulthood if they:

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- Can learn to do one thing well that is valued by themselves, their peers, and their community.
- Are required to be helpful as they grow up.
- Are able to ask for help for themselves.
- Are able to elicit positive responses from others in their environment.
- Are able to distance themselves from negative situations.
- Are able to bond with a socially valued, positive entity, such as the family, school, or community groups.
- Are able to interact with a caring adult who provides consistent, caring responses.

The major implication from resiliency research is that if we hope to prevent alcohol, tobacco, and drug use, then our primary focus should be on meeting youths' basic needs for caring, connectedness, respect, challenge, power, and meaning.

Programs that successfully facilitate the development of youth's resilience are those that

- Establish safety and basic trust through caring relationships that are grounded in listening and convey compassion, understanding, respect, and interest.
- Communicate high expectation messages that provide firm guidance, structure, and challenge as well as convey a belief in the youth's innate resilience by focusing on strengths and assets, as opposed to problems and deficits.
- Create opportunities for the youth's meaningful participation in and contribution to the community.

Ultimately, resilience is a process of connectedness and of linking to people, to interests, and to community—weaving children into our social fabric. Effective prevention programs must reinforce the natural social bonds between people within every arena.

Sources: Benard, Bonnie, *From Research To Practice*, Resiliency in Action, Winter 1996. For more information on Resiliency in Action, visit their Web site at: <http://www.resiliency.com/>. Prevention Primer: *Resilience/Protective Factors*, Resources for Prevention, March 1997. This source is available on the Internet at: <http://www.health.org:80/pubs/primer/resfact.htm>.

Prevention Works!

Grant Program Targets Youth at High Risk for Substance Use

Substance use is one of the most challenging health and social problems in the United States, where it is more pervasive than in any other industrialized nation. Early involvement with any drug is a risk factor for later drug use and criminal activity. The more severe the early involvement, the greater the risk that antisocial behaviors will emerge in the future. Because early use of alcohol, tobacco, and drugs has been linked to later substance use, young people are a key target for prevention efforts.

To help reach this target audience, CSAP initiated the High Risk Youth (HRY) Demonstration Grant Program in 1986. The program awards grants to community-based organizations, universities, and local agencies. To date, the HRY Demonstration Grant Program has funded more than 300 local demonstration programs throughout the country that target youth in families and communities at high risk.

Risk Factors

CSAP defines youth at high risk for alcohol and drug problems as individuals under the age of 21 who have one or more of these factors in common (these risk factors were identified by Congress, then incorporated into CSAP material):

- Parents who abuse alcohol or drugs
- Physical, sexual, or psychological abuse
- Dropping out of school

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- Teen pregnancy
- Economic disadvantage
- Neighborhood crime and violence
- Preadolescent and adolescent gang activity
- Involvement in violence or delinquency
- Suicide attempts or other mental health problems
- Placement in institutions, foster care, or runaway or homeless shelters

Youth at high risk tend to live in settings where they are exposed to multiple risks, and tend to come from families with multiple problems.

The HRY Demonstration Grant Program identifies effective strategies in preventing substance abuse among youth. Eight “model” prevention programs have been selected as being well implemented, producing positive effects, and conducting rigorous evaluations.

The Eight Model Programs

- Across Ages
- SMART Leaders
- Child Development Project
- Dare To Be You
- Greater Alliance of Prevention Systems
- Creating Lasting Connections
- FAN Club
- Residential Student Assistance Program

These model programs vary in form and function. The programs use a variety of prevention strategies; target age groups across childhood, adolescence, and adulthood; target a number of ethnic groups; and represent universal, selective, and indicated prevention efforts. Although the eight HRY model programs are diverse, three unifying themes are evident:

- Each of the programs promoted supportive and caring relationships between youth and members of their families, their communities, and their peer groups.
- Each of the programs implemented multifaceted interventions targeting the specific needs of its audiences.
- Each of the programs was successful in either increasing the latency of first alcohol, tobacco, and drug use, reducing the frequency of alcohol, tobacco, and drug use, or effectively reducing risk factors and/or enhancing protective factors related to the development of substance use.

With an increasing emphasis placed on evaluation and specific program outcomes, the HRY Demonstration Grant Program has shown that a wide range of approaches to dealing with the problems of youth at high risk can be effective. For more information on the HRY Demonstration Grant Program contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or at www.health.org/hry.

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Bridging the Gap Between Science and Practice

Prevention Works!

Putting Prevention Science Into Practice

Increasing communication and collaboration between researchers and practitioners is necessary for the advancement of the field of prevention. “Bridging the Gap,” the current phrase used in the field, refers to increasing the flow of information between the science and practice sides of prevention. The *practice* of prevention—the programs that reach millions of people a day in our schools, organizations, and communities—is the key to improving public health as indicated by levels of substance abuse, adolescent pregnancy, youth violence, AIDS, and mental illness. Prevention *science*—clarifying what works for what types of people and for which types of problems—provides the tools needed to build a strong practice of prevention.

Whether on the science side (researchers and evaluators) or on the practice side (practitioners), there are ways all stakeholders in a program can work together to put science into practice. Recommendations include:

Research Scientists

- Improve practitioners’ access to and comprehension of scientific research, especially regarding successful programs.
- Systematically study the context of community-driven programs.
- Review practice-oriented journals to keep abreast of prevention science programs that have been successfully translated into community programs.

Evaluators

- Share information from prevention research scientists with prevention practitioners.

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- Train practitioners to access prevention science literature.
- Conduct needs assessments of clients regarding community risk and protection factors.
- Work with practitioners to select appropriate prevention programs based on the scientific literature and the needs of the client or community.
- Engage practitioners, clients, and researchers in the selection of outcome process measures, data collection strategies, and interpretation of results.
- Evaluate the outcomes and “lessons learned” of selected prevention programs.
- Collaborate with prevention practitioners and encourage publication of program results.

Practitioners

- Increase publication of successes and failures through practice-oriented journals.
- Become involved as an active participant in research affecting your program; help make it an informed study.
- Actively inform the research side about what is and is not working at the community level.
- Use resources provided by researchers at conferences, in journals, etc.; develop skills to access the wealth of knowledge currently available online.
- Implement the characteristics of effective programs as recommended by the research side.
- Share expertise regarding service delivery in a community context.

Researchers, practitioners, and evaluators all need to work together to reach the greatest number of people using the most effective programs. Implementing these recommendations, and others as they are developed, will create more successful and effective programs for all our communities.

This is the first in a series of prevention alerts on connecting prevention science and prevention practice.

Source: *Toward a Framework for Bridging the Gap Between Science and Practice in Prevention: A Focus on Evaluator and Practitioner Perspectives*. Written by Morrissey, Wandersman, Seybolt, Nation, Crusto and Davino. To obtain a copy of the article in its entirety, contact Erin Morrissey or Abraham Wandersman, University of South Carolina, Department of Psychology, Barnwell College, Columbia, SC 29208.

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Prevention Works!

National Centers for the Application of Prevention Technologies (CAPT) Programs

The existing body of substance abuse prevention knowledge and experience at the federal/national, state, and local levels provides clear evidence that prevention is effective. However, much of that evidence has not been applied in communities across America. The National CAPT Program is one way SAMHSA/CSAP is working to put prevention research into practice.

National CAPT programs provide technical assistance and followup support to states and communities, with an emphasis on serving State Incentive Grantees (SIGs) and their subrecipients, and on helping those organizations adopt science-based substance abuse prevention programs, practices, and policies. The CAPT system is a practical tool to increase the impact of prevention science.

Program achievements within the major program focus areas for the National CAPT Program include:

Establishing Relationships

Each of the five initially funded CAPT grantees has

- Established a regional advisory body to reinforce existing relationships and initiate new ones, inform and educate its members, and build the capacity of each of its state members and the overall region.
- Conducted state visits and participated in SIG Advisory Board meetings to assess prevention knowledge application needs for technology literacy (for educational/communication purposes).

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Educating, Informing, and Influencing the States

Each of the five initially funded CAPT grantees has

- Established a regional Web site that emphasizes science-based approaches to substance abuse prevention.
- Presented information regarding science-based prevention and knowledge application as well as CAPT resources and services via workshops, newsletters, and meetings.

Building Capacity

Each of the five initially funded CAPT grantees has

- Delivered advice and technical assistance that has shaped state prevention practices and activities, especially with regard to the conceptual development of grant announcements for the first cohort of SIGs.
- Delivered technical assistance and training events that have been of benefit to the states, such as presentations on prevention theory and science-based prevention, needs assessment and outcome evaluation, social marketing and prevention, and managed care.
- Promoted and facilitated the sharing of prevention expertise within the region, especially with regard to helping new SIGs learn from the lessons of the first cohorts of SIGs.
- Convened a Youth Substance Abuse Prevention Initiative (YSAPI) regional prevention summit, which emphasizes the use of environmental strategies as part of CSAP's comprehensive six-strategy approach to addressing substance abuse prevention issues.

For more information on CAPT programs, visit regional CAPT Web sites at:

Central CAPT: www.miph.org/capt

Northeast CAPT: www.edc.org/capt

Southeast CAPT: www.secapt.org

Southwest CAPT: www.swcapt.org

Western CAPT: www.unr.edu/westcapt

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Prevention Works!

Advances in Knowledge: The HRY DataBank

Since its establishment in 1986, the Center for Substance Abuse Prevention (CSAP) has played a critical leadership role in the development of substance abuse prevention theory, programming, and knowledge application. An important part of CSAP's mission is to generate new knowledge about the impact and effectiveness of prevention efforts.

Recognizing the need for a sustained effort to organize the mass of information originating among CSAP grantees, and to present findings and other pertinent information in a form that would be both useful in assessing program effectiveness and scientifically acceptable, CSAP launched a new initiative, the High Risk Youth (HRY) DataBank, in the fall of 1994.

The HRY DataBank is an evaluation-oriented information system with a comprehensive, unifying framework. It consists of four primary information components:

- Descriptive information (e.g., administrative characteristics including location, number, and types of sites; setting; and targeted population demographics);
- Compilations of specific CSAP demonstration program interventions (prevention strategies);
- Formal characterization of the evaluation methods used; and
- Objective ratings of both strength (direction and magnitude) and credibility of findings.

To date, seven programs have been identified as effective/model programs and have agreed to be part of this dissemination effort. They successfully underwent the HRY screening

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process, which involves gaining expert consensus on the quality of program implementation, evaluation methodology, and effectiveness.

Although the seven programs differed in terms of participants' age groups, economic and ethnic backgrounds, and community settings, they all focused on building caring and supportive relationships.

- Across Ages
- SMART Leaders
- Child Development Project
- Dare To Be You
- Creating Lasting Connections
- FAN Club
- Residential Student Assistance Program

Compiling and disseminating the results of HRY program evaluations is viewed as an important step for CSAP, both to promote the effectiveness of substance abuse prevention programming and to disseminate the models and intervention strategies that proved most successful. Data collected by CSAP adds to the growing professional literature, offering a rich body of research on risk factors for substance use and abuse among children, youth, and young adults.

For more information on the HRY DataBank, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or at www.health.org/hry.

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Prevention Studies

Prevention Works!

Telling the Truth About Marijuana

Recently reported findings from SAMHSA's National Household Survey on Drug Abuse show a marked increase of drug use among 12- to 17-year-olds, mostly due to higher rates of marijuana use. This annual survey provides estimates of the prevalence of illicit drug, alcohol, and tobacco use and monitors trends over time.

The survey's principal findings involving marijuana include:

- Current use of marijuana increased from 7.1 percent in 1996 to 9.4 percent in 1997. Marijuana use among youth has almost tripled from 1992 to 1997.
- The percentage of youth reporting that they perceived a risk from smoking marijuana once or twice a week decreased from 57.1 to 54 percent.
- In 1997, more than half of 12- to 17-year-olds reported that marijuana was easy to obtain.
- Fifteen percent of youth reported being approached by someone selling drugs during the 30 days prior to the interview.

As these findings show, marijuana use is on the rise. Prevention can counter this increase. One important prevention approach is to teach children the truth about marijuana and its effects on their health. The National Institute on Drug Abuse (NIDA) has published a tool kit that details the health effects of marijuana and includes teaching tools and activities to explain those effects to children.

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The reality of marijuana use:

- THC, the main ingredient in marijuana, binds to and activates receptors in the brain, known as cannabinoid receptors. Many of these control memory, thought, concentration, time and depth perception, and coordinated movement.
- By activating these receptors, THC interferes with the normal functioning of the part of the brain most responsible for balance, posture, and coordination of movement.
- The hippocampus, which is involved with memory formation, also contains many cannabinoid receptors. Marijuana affects memory by activating cannabinoid receptors in the hippocampus and decreasing the activity of neurons in this area.
- The effect of marijuana on long-term memory is less certain. Research studies have shown that THC can permanently damage the hippocampus of rats, suggesting that marijuana use can lead to permanent memory impairment.
- Marijuana interferes with the receipt of sensory messages—for example, touch, sight, hearing, taste, and smell—in the cerebral cortex. Marijuana activates cannabinoid receptors in these areas of the cerebrum and results in the brain misinterpreting nerve impulses from the different sense organs.

For more information on the dangers of marijuana use, contact the National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345; 800/729-6686; TDD 800/487-4889; <http://www.health.org>.

Source: *NIDA Goes to School Tool Kit*, NIH Pub. No. 98-3592. Reprinted 1998.

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Prevention Works!

Special Survey Report

What Your Kids Want to Know About Sex, Drugs, and Violence

A recent survey found that parents are communicating with their children about sex, drugs, alcohol, violence, and AIDS, but aren't handling the difficult issues as well as they might. In the national study, sponsored by the Kaiser Family Foundation/Children Now and Family Circle, children gave their parents high marks for initiating serious conversations, but one in five rated their parents as "out of touch," especially about sex, drugs, and alcohol.

Important Survey Findings

- Between the ages of 10 and 12, most children cite their parents as being their primary source of information about sex, drugs, alcohol, violence, and AIDS. In rank order, the children surveyed said they received their information from mothers, TV/movies/other entertainment, school and teachers, fathers, friends.
- When kids hit the teen years—specifically ages 13 to 15—they are more likely to get their information elsewhere. In rank order, the children surveyed said they received their information from friends, TV/movies/other entertainment, schools and teachers, the Internet, mothers.
- By the time their child is 12 years old, the majority of parents say they have discussed sex, drugs, alcohol, violence, and AIDS. Yet more than half admit that, when it comes to sex, they haven't moved past the basics of reproduction.

(more)

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- Fifty percent of parents with children ages 10 to 12 have never talked about how to know when a person might be ready to have sex, though nearly half of preteens (43%) say it's something they would like to learn more about.
- Forty-three percent of kids say they want to talk about how alcohol and drugs affect decisions to have sex, but 46 percent of parents have yet to tackle the issue.

Research has shown that strong ties to the family provide children with a protective barrier against the potentially negative forces in their environment. When kids feel psychologically isolated and adrift, they are more likely to become involved in potentially harmful activities such as sex, drug and alcohol use, and violence. Candid communication—including the open expression of feelings and thoughts between parents and children—can be the best prevention method to keep kids away from such behavior.

For more information on talking to kids about the difficult topics of sex, drugs, alcohol, violence, and AIDS, log on to www.talkingwithkids.org.

Source: *What Your Kids Want to Know About Sex, Drugs, and Violence*, Family Circle, April 1, 1999.

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Prevention Works!

Generation Y: How Marketers Are Reaching Children

Born during a baby bulge that demographers locate between 1979 and 1994, they are as young as 5 and as old as 20. At 60 million strong, they are the biggest thing to hit America since the 72 million baby boomers. They are called Generation Y, Echo Boomers, or Millennium Generation, and whether you are marketing a new brand of jeans or a prevention program, understanding who this generation is will be the key to reaching them with your message.

With the number of children in America larger than at the peak of the Baby Boom, the market research industry is now focusing more and more on how to reach this generation. The Nickelodeon/Yankelovich Youth Monitor, now in its seventh year of reporting on the trends of Generation Y, recently released the findings from its latest study.

Key findings about Generation Y:

- This generation is more racially diverse; one in three is not Caucasian.
- Seventy-four percent of kids have friends of a different race or ethnic origin.
- One in four lives in a single-parent household.
- Three in four have working mothers.
- Fifty-nine percent have a TV in their bedroom.
- Sixty-five percent report regular in-home computer use.
- The Generation Y medium of choice is the Internet.

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The top worries of 9- to 17-year-olds include:

- Not doing well in school
- Not having enough money
- Getting cancer

The marketers who have been successful in capturing Generation Y's attention do so by bringing their messages to the places these kids congregate—such places as the Internet, snowboarding tournaments, or cable TV. If you want to reach Generation Y, you must understand both who they are and where they are. Using marketing research while developing prevention programs—much like corporations use such research to develop advertising campaigns—can help you reach the intended audience and ensure the success of your program.

For more information on the Nickelodeon/Yankelovich Youth Monitor, visit their Web site at <http://www.yankelovich.com/monitor/youth.htm>.

Sources: *Generation Y: Today's teens—the biggest bulge since the boomers—may force marketers to toss their old tricks*, Business Week, February 15, 1999.

Marketers Following Youth Trends to the Bank, The Washington Post, April 19, 1999.

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Prevention Works!

Substance Use in Popular Music and Film

Without question, the United States faces an epidemic of underage and illegal substance abuse. In 1997, more than 54 percent of U.S. high school seniors had used an illegal drug at least once, as had more than 29 percent of eighth graders. The average age of first-time users of marijuana, cocaine, and heroin was 13.7, 14.7, and 14.4 years, respectively. Youth tobacco smoking rates are higher now than at any time in the past 17 years—every day another 3,000 American children and teenagers become regular smokers.

Alcohol consumption among adolescents remains at unacceptably high levels. More than 80 percent of U.S. high school students have tried alcohol; in 1997, more than 31 percent of 12th graders, 25 percent of 10th graders, and 14 percent of 8th graders claimed to have consumed five or more alcoholic drinks in the preceding two weeks. Perhaps most disturbing, among 12- to 17-year-olds who exhibit no other problem behaviors, those who have used marijuana, alcohol, or cigarettes in the past month are 17 times more likely to consume illegal drugs such as cocaine, heroin, or LSD than those who have not used the “gateway” drugs.

Because teenagers are major consumers of movies and music, there is concern about media depictions of tobacco, alcohol, and illegal drugs encouraging use. A recently released study, sponsored by the Office of National Drug Control Policy and Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, examined the frequency and nature of substance abuse in the most popular movie rentals and songs of 1996 and 1997.

Key findings about substance use in music and film:

- Ninety-eight percent of the 200 movies studied depicted illicit drugs, alcohol, tobacco, or over-the-counter/prescription medicines.

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- Alcohol and tobacco appeared in more than 90 percent of the movies, and illicit drugs appeared in 22 percent.
- Less than one-half (49%) of the movies portrayed short-term consequences of substance use, and about 12 percent depicted long-term consequences.
- One or more major characters used illicit drugs in 12 percent of the movies, tobacco in 44 percent, and alcohol in 85 percent.
- The major finding from the song analysis is the dramatic difference among music categories, with substance references being particularly common in rap.
- Illicit drugs were mentioned in 63 percent of rap songs, versus about 10 percent in the other categories.
- Alcohol references appeared in almost half of the rap lyrics, but in 13 percent or fewer of other categories of music.
- In song lyrics that mentioned illicit drugs, marijuana was by far the most frequently mentioned drug.
- In song lyrics, there were almost no references to tobacco.

Movies and music are extremely popular among adolescents. Sixty-three percent of 9- to 17-year-olds watch at least one rented video per week. Teenagers consistently name listening to music as their most preferred nonschool activity. Moreover, when attention is paid to “background” listening (listening while working, doing homework, driving, etc.), estimates of adolescents’ exposure to music average as high as 4 to 6 hours daily.

Careful examination of the content of movies and music is a crucial first step in determining their role in promoting substance use and abuse. Understanding the messages children are receiving about substance abuse from the media can help you educate them about prevention. The full report on substance use in popular movies and music is available on the Internet at <http://www.health.org/mediastudy/new.htm>.

Source: *Substance Use in Popular Movies and Music*, April, 1999. Sponsored by Office of National Drug Control Policy and Department of Health and Human Services Substance Abuse and Mental Health Services Administration.

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Prevention Works!

Costs of Substance Abuse in America

Addiction to tobacco, alcohol, and drugs inflicts a substantial toll on Americans, measurable in terms of deaths and illnesses, social costs, and economic costs. More than one-fourth of Americans over age 15 have a physiological dependence on at least one addictive substance. As a result, 25 percent of all deaths in the United States are caused by addictive substances. In addition, approximately 40 million illnesses and injuries each year are due to addiction.

Economic costs of substance abuse

The economic burden of addiction—including health care costs, lost worker productivity, and crime—is estimated at greater than \$400 billion each year. Economic costs are measured as

- Direct Medical Costs (hospital costs attributable to alcohol and drug abuse);
- Morbidity Costs (the losses in productivity due to alcohol and drug abuse);
- Mortality Costs (the present value of future earnings lost due to alcohol and drug abuse and smoking); and
- Other related costs (including the direct and indirect costs related to crime, social welfare expenditures, motor vehicle accidents, and fire destruction attributed to alcohol and drug abuse).

The costs in 1995 due to alcohol abuse, drug abuse, and smoking were

- Direct medical costs: \$114,402 billion
- Morbidity costs: \$103,047 billion

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- Mortality costs: \$114,442 billion
- Other related costs: \$96,219 billion

Deaths and illnesses caused by substance abuse

In 1995, the combined death toll from the use of tobacco, alcohol, and drugs in the United States was 590,000—25 percent of the total deaths. Each year, some 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol, and drugs.

The number of deaths and illnesses in 1995, related to addiction

Deaths

- Alcohol-related: 105,000
- Tobacco-related: 446,200
- Drug-related: 38,900

Illnesses/injuries

- Alcohol-related: 9,830,000
- Tobacco-related: 26,771,000
- Drug-related: 3,103,600

One out of every eight dollars spent on personal health care in the United States is spent on health care for people suffering from diseases caused by substance abuse. Combined, the effects of tobacco, alcohol, and drugs inflict a greater toll on the health and well-being of Americans than any other single preventable factor. Prevention can play a significant role in reducing the economic burden of substance abuse.

Sources: *Mortality and Morbidity Attributable to Use of Addictive Substances in the United States* and *Economic Costs of Substance Abuse, 1995*, Proceedings of the Association of American Physicians, V.

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Prevention Works!

Survey Reports Youth Drug Use on the Decline

Recently released findings of the 1998 National Household Survey on Drug Abuse (NHSDA) show that illicit drug use declined among young people age 12-17 from 1997 to 1998. Illicit drug use among the overall population remained flat. An estimated 9.9 percent of youths age 12-17 reported current illicit drug use in 1998, meaning they used an illicit drug at least once during the 30 days prior to the time of the survey interview. This estimate represents a decrease from the estimate of 11.4 percent in 1997.

"For the past two years we have been cautiously optimistic as a series of encouraging reports seemed to indicate a leveling off and even a possible decline in drug use among teens after years of dramatic increases," said HHS Secretary Donna E. Shalala. "While it looks like we have turned the corner with today's report, we must not rest. Too many young people are still using drugs, and we must continue to build on our promising efforts to push the rate of drug use down even further."

1998 survey highlights include:

- Teen use of inhalants decreased significantly from 2.0 percent in 1997 to 1.1 percent in 1998.
- In 1998, an estimated 13.6 million Americans overall (6.2 percent of the U.S. population age 12 and older) were current users of illicit drugs. The 1997 estimate was 13.9 million. The number of current illicit drug users is about half its peak in 1979, when there were 25 million current users.
- The rate of youth reporting they tried marijuana for the first time declined significantly and the average age of first-time use went up. The percentage of teenagers who were current users of marijuana declined from 9.4 percent in 1997 to 8.3 percent in 1998.

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- Marijuana continues to be the most frequently used illicit drug; about 60 percent of all illicit drug users reported using marijuana only, and another 21 percent reported marijuana use and some other illicit drug use.
- The current rate of smoking among young adults age 18-25 has increased from 34.6 percent in 1994 to 40.6 percent in 1997 and 41.6 percent in 1998.
- An estimated 2.1 million people began smoking cigarettes daily in 1997, the most recent year available. More than half of these new smokers were younger than age 18, which translates to more than 3,000 new youth smokers each day.
- An estimated 1.8 million (0.8 percent) Americans age 12 and older were current users of cocaine in 1998. The estimate was 1.5 million (0.7 percent) in 1997 but the difference is not statistically significant. Cocaine use reached a peak of 5.7 million (3.0 percent) in 1985.
- 113 million Americans (52 percent of the population) age 12 and older reported current use of alcohol, meaning they used alcohol at least once during the 30 days prior to the interview. About 33 million of this group engaged in binge drinking (five or more drinks on one occasion during that 30-day period), and 12 million were heavy drinkers (five or more drinks on one occasion five or more days during the past 30 days). The percentages of the population falling into these different groups have not changed since 1988.
- Drug use was higher among youths who were currently using cigarettes and alcohol, compared with youths not using these substances. Youths age 12-17 who currently smoked cigarettes were 11.4 times more likely to use illicit drugs and 16 times more likely to drink heavily than nonsmoking youths.
- The NHSDA provides annual estimates of the prevalence of illicit drug, alcohol, and tobacco use in the U.S. and monitors the trends in use over time. It is based on a representative sample of the U.S. population age 12 and older, including persons living in households and in some group quarters such as dormitories and homeless shelters. In 1998, a sample of 25,500 persons was interviewed for the survey.

Summary Findings from the 1998 National Household Survey on Drug Abuse is retrievable from SAMHSA's Internet Web site at <http://www.samhsa.gov>, or a hard copy may be obtained free of charge by calling SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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Prevention Works!

Women, Men, and Drinking Alcohol: Different Results

Many young women begin drinking alcohol when they arrive on a college or university campus in response to the increased demands for high academic performance, new social pressures, recreation, or relaxation.

Research has shown that 35 percent of college women drink with the intention of becoming intoxicated. According to the *Commission on Substance Abuse at Colleges and Universities Report* from Columbia University's Center on Addiction and Substance Abuse, there are increasing numbers of college women participating in binge drinking, where they consume four or more alcoholic drinks within a short period of time. (A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof hard liquor.)

What many young women do not know is that alcohol affects their bodies differently than it does a man's. While a male student can drink two beers and not be impaired, the same amount of alcohol in a woman can produce significant side effects that are potentially damaging. In addition, since women respond to the chemical substances in alcohol differently than men do, there are unique risk factors for women that should be addressed.

Facts about women and alcohol:

- Women have a smaller quantity of **dehydrogenase** (an enzyme that breaks down alcohol) than men, so they become intoxicated quicker and remain so longer. Premenstrual estrogen level increases cause women to become intoxicated even faster right before their period. (In fact, alcohol consumption itself increases estrogen levels.) In addition, **medications with estrogen** (such as birth control pills) can increase women's alcohol susceptibility.

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- Heavy drinking can lead to **menstrual disorders**, including infertility and early menopause.
- Because a woman has a lower **total body water content** than a man, she will have higher concentrations of alcohol in her blood than a man after drinking the same amount.
- The **bad effects of alcohol on the liver** are worse for women than men.
- Drinking alcohol increases a woman's **risk of breast cancer**.
- Violence towards women, such as rape and spousal abuse, can affect **emotional factors**, causing levels of depression and post-traumatic stress that increase a tendency to consume alcohol.
- College-age women, ages 18-34, report **higher rates of drinking-related problems** than do older women.
- Sixty percent of college women who have acquired **sexually transmitted diseases**, including HIV, were under the influence of alcohol at the time they had intercourse.
- Alcohol is involved in 90 percent of all **campus rapes**.
- Women in college are more susceptible to secondhand effects of binge drinking, such as having study or sleep interrupted, participating in serious arguments, and having to care for intoxicated friends.

For more information on women and drinking, visit SAMHSA's National Clearinghouse for Alcohol and Drug Information website at: <http://www.health.org/> or call toll-free at 1-800-729-6686.

Sources: *Commission on Substance Abuse at Colleges and Universities Report* (1994), National Center on Addiction and Substance Abuse at Columbia University, New York, NY. "How Alcohol Has Different Effects on Men and Women," National Clearinghouse for Alcohol and Drug Information.

"College Drinking," *Alcohol Alert*, National Institute on Alcohol Abuse and Alcoholism (1995), No. 29H PH 357.

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